



Docket No.: 025444.1056-US02  
(PATENT)

*Handwritten signature/initials*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Melton B. Affrime et al.

Application No.: 10/743,862

Group Art Unit: 1618

Filed: December 24, 2003

Examiner: V. Kim

For: USE OF DESLORATADINE FOR  
TREATING ALLERGIC AND  
INFLAMMATORY CONDITIONS

**TRANSMITTAL LETTER**

MS.Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Fee Transmittal;
2. Petition for Extension of Time under 37 CFR 1.136(a) (in duplicate);
3. Amendment in Response to Non-Final Office Action;
4. Check No. 377101 for \$1,020.00 to cover the three months extension of time fee; and
5. Return receipt postcard.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0740, under Docket No. 025444.1056-US02. A duplicate copy of this paper is enclosed.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: March 9, 2007

Respectfully submitted,

By 

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Registration No.: 36,744

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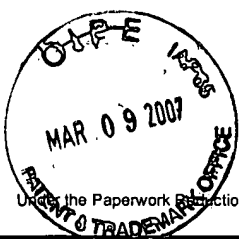
COVINGTON & BURLING LLP

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Attorneys for Applicants



<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/743,862-Conf. #9343
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1,020.00		Filing Date	December 24, 2003
		First Named Inventor	Melton B. Affrime
		Examiner Name	V. Kim
		Art Unit	1618
		Attorney Docket No.	025444.1056-US02

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>50-0740</u> Deposit Account Name: <u>Covington &amp; Burling LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							<b>Small Entity</b>
							<b>Fee (\$)</b>
<b>2. EXCESS CLAIM FEES</b>							<b>Fee (\$)</b>
<b>Fee Description</b>							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
							180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
51		- 51 =	x	=	<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
6		- 6 =	x	=			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
_____	- 100 =	/50 _____ (round up to a whole number) x		=			
<b>4. OTHER FEE(S)</b>							<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month							1,020.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	48,102
Name (Print/Type)	Natalie M. Derzko	Telephone	(202) 662-6000
		Date	March 9, 2007